

Medical Authorization

During the Governor's Institute in Information Technology, my child may be swimming or participating in outdoor activities where physical activity is not uncommon. I warrant that my child is in good health and has no medical condition that would prevent my child from participation in the activities of the Governor's Institute in Information Technology. My child understands that s/he is responsible for alerting Governor's Institute staff of any health concern s/he may be experiencing during the Institute.

It is my understanding that Emergency Medical Care will be sought for my daughter or son for any medical problems that may arise while my daughter or son is attending the Governor's Institute in Information Technology, and that every effort will be made to contact parents or guardians before any action is taken. In the event, however, that a parent, guardian, or other authorized Emergency Contact can not be reached and immediate medical action of treatment is judged necessary in the opinion of the local Emergency Medical Physician, I hereby authorize the Governor's Institutes of Vermont to arrange for such medical and/or dental treatment. I further agree to pay for any and all such treatment.

Parent or Guardian (please TYPE or PRINT):

Name _____

Student's Name _____

Address _____

Telephone # _____ Alternate Phone # _____

Additional Authorized Emergency Contact (please TYPE or PRINT):

Name _____

Address _____

Telephone # _____ Alternate Phone # _____

Relationship to Student _____

Signature of Parent or Guardian: _____ **Date:** _____

Field Trip Permission

I give permission for my daughter or son to travel off-campus on supervised field trips that are part of the Governor's Institute in Information Technology.

Signature of Parent or Guardian: _____ **Date:** _____

Please sign and return by June 1, 2007 to:

Ann DeMarle
Governor's Institute of Vermont In Information Technology
Champlain College, 163 S. Willard Street, Burlington, VT 05402
E-mail: demarle@champlain.edu

